Customer No. 24498 Serial No.: 10567050

PATENT PU030191





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Todd Martin Beazley

10/567050

2/2/2006

For Apparatus and Method for Reducing Noise in an Image

Examiner

Sheela C. Chawan

Art Unit 2624

INFORMATION DISCLOSURE STATEMENT

[11 Pursuant to 37 CFR 1 97(b)

[within 3 months of filing or prior to 1st Office Action]

Pursuant to 37 CFR 1.97(c) [X] 2 [before Final Office Action or Allowance]

[]3 Pursuant to 37 CFR 1.97(d) [after Final Office Action or Allowance, but prior to payment of Issue Fee]]

Mail Stop Amendment P. O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

A list of documents on form PTO/SB/08a and/or PTO/SB/08b together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

[]5 37 CFR 1.97(b): Iwithin 3 months of filing or prior to 1st Office Action1

[X]6 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and

The required certification made in item 8(a) below; OR [X] (a)

The \$180.00 fee specified in 37 CFR 1.17(p) for submission [] (b) of this Information Disclosure Statement is authorized in item 9 below.

lafter Final Office Action or Allowance, but prior to payment of []7 37 CFR 1.97(d): Issue Feel: and

> [](a) The required Certification made in item 8(a) below; AND

[] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below

PATENT : PU030191

[X] 8	Certification						
	[X] (a)	Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or					
	[] (b)	No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.					
[X] 9		narge the applicable fees associated with the submittal of this Information Disclosure t to Deposit Account No. <u>07-0832</u> . An original and one (1) copy of this document is					
		Respectfully submitted.					
		Todd Martin Beazley					
		By: Joseph J. Chalach, Attorney Registration No. 36,229 (609) 734-6839					
Patent O	5312	ing LLC					
DATE: _	6/29	7/07					
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as first cla	ass mail in	this correspondence is being deposited with the United States Postal Service in a postage paid envelope addressed to: Commissioner for Patents, in 22313-1450, on the date indicated below.					
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Complete if Known 10/567050 2/2/2006 First Named Inventor Todd Martin Beazley Art Unit 2624 Sheela C. Chawan Evaminar Name PU030191 Attorney Docket Number

U.S. PATENT DOCUMENTS tentee or Applicant of Document Numbe Publication Date Exemine Initiels * Cita No.1 Peges, Columns, Lines, Where Relevent MM-DD-YYYY Passages or Relevent Number - Kind Code² (if known) Figures Appear US US-US-US-US-US. US-US-US-US-US-US US-US-US-US-US-US-US-US-

FOREIGN PATENT DOCUMENTS									
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patantee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Τ¢			
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)							
/SCC/	1	CN 1114813A (Corresponding US 5,519,451 attached)	1/10/1996	Todd Clantanoff et al.					

Examiner Signature	/Sheela Chawan/	Date Considered	05/20/2008	

"EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant "Applicant's unique citation designation number (optional)." See Kinats Codes of USPTO benefit Downwards at www.ues/soc.get or MPEP 901 of 2.º Tester Offices that issued the document, by the two-latter cook (MPO Standerd ST.3)." For Japaneses patent document, by an indication of the get of the reign of the Emperor must precede the serial number of the patent document. "Nint of document the appropriate symbols as indicated on the document under WPO Standerd ST.1 if a possible." Applicant is to place a check mark her all Fights illanguage. Translation is attached.

This collection of Information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain e benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is astimated to take 2 hours to complete, including aghlaring, preparing and submitting the complained application form to the USPTO. Time will vary depending upon the inclination garbaning, or unarray to expending upon the inclination active. Any comments on the amount of time, you require in complaints that form and/or supparations for medicary the surface, inclination be sent to the Chef information Office, U.S. Patent and Triedeman Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Vi. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissions for Patients, P.O. Box 1450, Alexandria, Vi. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissions for Patients, P.O. Box 1450, Alexandria, Vi. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissions for Patients, P.O. Box 1450, Alexandria, Vi. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissions for Patients, P.O. Box 1450, Alexandria, Vi. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissions for Patients, P.O. Box 1450, Alexandria, Vi. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissions of Patients, P.O. Box 1450, Alexandria, Vi. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND THIS ADDRESS SEND THIS ADDRESS. SEND THIS ADDRESS SEND THIS ADDRESS. SEND THIS ADDRESS SEND THIS ADDRESS SEND THIS ADDRESS SEND THIS ADDRESS. SEND THIS ADDRESS SE